

MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-041190

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11030

STATE FILE NUMBER

NOV 15 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN St. Louis

Length of stay in 1b

2 weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY

OR TOWN

St. Louis

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR

INSTITUTION

DePaul Hospital

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

4539a Olive St

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

(Type or print)

Attilio

Beffa

4. DATE OF DEATH

Month

Day

Year

November

5

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

5/6/82

9. AGE (last birthday)

81

IF UNDER 1 YEAR

Months

Days

Hours

Min.

5

29

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10b. KIND OF BUSINESS OR INDUSTRY

Restaurant

11. BIRTHPLACE (City and state or country)

Switzerland

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Carl Beffa

13b. MOTHER'S MAIDEN NAME

Louise Beffa

14. NAME OF HUSBAND OR WIFE

Ida Beffa deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mr. Gino Beffa 4539a Olive St

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Atherosclerotic heart disease

INTERVAL BETWEEN ONSET AND DEATH

2 2 2

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

4200

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal

disease condition given in PART I (a)

Cirrhosis of the liver

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes

☐ No

☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

MAY 12 1954

to Nov 5, 1963

and last saw him alive on Nov 4 1963

Death occurred at *8 1/2* m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree of title)

22b. ADDRESS

309 Northland Medical Bldg

22c. DATE SIGNED

11-7-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

11/8/63

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

23d. LOCATION (City, town, or county)

St. Louis, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Arthur J. Donnelly

3840 Lindell Blvd

25. DATE RECD. BY LOCAL REG.

NOV 7 1963

26. REGISTRAR'S SIGNATURE

Paul Smith, M.D.

1011 10-10-10

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Francis Williamson

Licensed Embalmer No.

3565

P. O. Address

3840 Lindell

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.